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1 that were never provided?
2 A. No.
3 Q. In the Complaint, you refer to a statement of
4 material evidence that you and the other Relators
5 filed with the Government when you filed the
6 Complaint. Have you ever seen a copy of the statement
7 of material evidence?
8 A. I don't remember seeing it.
9 Q. Are you aware of the subject matter of that
10 material evidence.
11 A. I am not --
12 MR. STONE: I am going to object to the
13 extent that your question is asking about the
14 content of the communication. However, to the
15 extent that you are seeking material evidence
16 which is the basis of the Complaint, I don't
17 see any problem with him responding to that
18 question.
19 MR. MULHOLLAND: Well, we will take
20 exception to your objection; but let me ask you
21 the question, then.
22 Q. Are you aware of any material evidence that you
23 contend forms the basis of the allegations in your

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1 Complaint?
2 A. By material evidence, do you mean the existence
3 of the sublease agreement and the do not compete
4 agreement?
5 Q. Do you contend that those constitute material
6 evidence of a violation?
7 A. I do.
8 Q. Are you aware of any other material evidence
9 that would support the claims in your complaint?
10 A. No.
11 Q. Have you ever seen any cost report filed by the
12 Medical Center with Medicare, Medicaid, or CHAMPUS?
13 A. No.
14 Q. Do you have any idea when those cost reports
15 may have been filed by the Medical Center?
16 A. I don't know how to put this. I know from
17 reading the Complaint that when the Medical Center
18 bills the carrier, they state that this is an honest
19 bill. Those are in the cost reports. They make those
20 statements.
21 To the extent that if the sublease agreement
22 and the do not complete agreement are illegal, then
23 those cost reports, which I have not seen, but I know

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1 being used for their intended purpose for patient
2 care.

3 Q. Are you aware that the hospital ever paid any
4 amount in settlement or in judgment of this lawsuit
5 that it would have come out of charitable funds?

6 A. I don't know. Here's the way I look at that.
7 I suspect that if the hospital -- the hospital won't
8 go out of business. I suspect that if the hospital
9 gets a substantial judgment against them, what will
10 happen is -- it will -- certainly, some of it will
11 come out of charitable funds. What will happen is the
12 administration and the Board of Directors will change.
13 You will get new bosses, if you will, and the hospital
14 will continue.

15 And so that the fact that it is a charitable
16 institution doesn't mean that the people running it
17 should be exempt from responsibility.

18 Q. Is that a result that you would like to see a
19 new management board?

20 MR. STONE: I'm going to object to further
21 so-called settlement discussions here where you
22 put one of the parties under oath and are
23 asking him questions about possible results of

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1 the lawsuit and possible scenarios for how this
2 thing is going to get resolved.

3 I just think it is just inappropriate, and
4 I don't know what purpose is served by that,
5 other than to just shoot the breeze about
6 possibilities.

7 MR. MULHOLLAND: I think it has everything
8 to do with whether or not this lawsuit has
9 merit and whether or not any judgment should be
10 considered by a trier of fact in this case, if
11 it is going to impair the ability of the
12 hospital to fulfill its charitable mission.

13 MR. STONE: I am not aware of any
14 exception in the Stark Law, the Medicare
15 Anti-kickback Law, or the Federal False Claims
16 Act that would exempt a Defendant, such as the
17 hospital here, which is what you are suggesting
18 simply because it is a charitable organization;
19 and if that is the point that you are making,
20 then I don't know any basis in law for that.

21 MR. MULHOLLAND: I'm suggesting -- and I
22 am not suggesting anything through my
23 questions, because I am just trying to get

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1 answers to my questions, but I think that the
2 hospital has the right to put that information
3 in front of the trier of fact, and I think the
4 trier of fact has the right to consider that.

5 I am not aware of any case law or statute
6 that would preclude us from offering that as a
7 defense.

8 MR. STONE: What relevance does Dr.
9 Jacobs' opinion have to the case?

10 MR. MULHOLLAND: I think it has a lot of
11 relevance, but let's move on.

12 (Question certified for later discussion.)

13 Q. Doctor, I'm going to show you another document
14 that has not been previously introduced, and I will
15 ask you to take a look at it.

16 MR. MULHOLLAND: Will you please mark this
17 as the next exhibit, which should be No. 16?

18 (Relators' Deposition Exhibit No. 16
19 was marked for identification.)

20 A. Do you want me to read the whole thing?

21 Q. If you wish. I just want to ask you some
22 general questions about it.

23 A. I think I got two copies. I assume this is the

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1 MR. MULHOLLAND: We will, of course, take
2 exception to that and ask that this page be
3 marked for certification to the Court.

4 (Question certified for later discussion.)

5 MR. MULHOLLAND: I'm going to ask a few
6 other questions because the interrogatory
7 answers we already received from Dr. Jacobs
8 indicated that while he did not have an
9 investment interest in Tri-County, he performed
10 some services.

11 These are questions that are unique to Dr.
12 Jacobs. You can interpose your objection as
13 needed.

14 MR. STONE: Again, maybe as a proffer
15 here, maybe you would -- are you going to be
16 asking questions about whether certain services
17 were available to V&S as an alternative to
18 Bradford? Is that the point of it, or if it is
19 some other purpose -- no.

20 MR. MULHOLLAND: I think those were
21 already included in what we already stipulated.

22 MR. STONE: So what are you --

23 MR. MULHOLLAND: These are new questions.

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1 I could be wrong about this. This is my memory. I
2 don't think it ever came down to the point of a
3 concrete offer. I could be wrong, so I never got the
4 chance to say yes or no.

5 Q. Do you recall ever voicing concern to the
6 hospital about physicians who were not going to refer
7 to this proposed joint venture being part of the joint
8 venture?

9 A. I don't remember that at all.

10 Q. Around that time, were you represented by
11 Attorney Debbie Robinson for any matter?

12 A. I wasn't.

13 Q. Do you currently supervise tests performed at
14 Tri-County Imaging at Bradford?

15 A. Yes.

16 Q. What kind of tests do you supervise there?

17 MR. STONE: I'm going to object to any
18 further questioning and answers with regard to
19 Dr. Jacobs' business relationships or
20 professional relationships with other entities
21 and instruct him not to answer any further
22 questions in accordance with Judge Cohill's
23 previous order.

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1 MR. STONE: These are new questions?

2 MR. MULHOLLAND: These are dealing with
3 his test supervision.

4 MR. STONE: More financial relationships
5 that he would have with another entity?

6 MR. MULHOLLAND: With Tri-County; but some
7 of them have to do with the tests he supervises
8 there, and any compensation he may receive.

9 I was just going to suggest --

10 MR. STONE: Okay. Then I will --

11 MR. MULHOLLAND: Since his situation is
12 somewhat unique, as I understand it from the
13 interrogatory answers, I would like to get
14 these questions on the record.

15 Q. What kind of test does you supervise at
16 Tri-County, Doctor?

17 MR. STONE: I'm going to object to the
18 questions, Doctor, for the reason previously
19 stated.

20 I don't believe that Dr. Jacobs'
21 professional and business relationship with
22 other entities is relevant. In accordance with
23 Judge Cohill's previous order, I am going to

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1 direct him not to answer.

2 (Question certified for later discussion.)

3 Q. Do you receive compensation from Tri-County for
4 supervising tests at the Tri-County facility?

5 MR. STONE: Again, I will object and
6 direct him not to answer.

7 (Question certified for later discussion.)

8 Q. Are you compensated by Tri-County for
9 supervising tests on patients that you refer to
10 Tri-County?

11 MR. STONE: Object and direct him not to
12 answer.

13 (Question certified for later discussion.)

14 Q. How is your compensation determined from
15 Tri-County?

16 MR. STONE: I will object and direct him
17 not to answer.

18 (Question certified for later discussion.)

19 Q. Do you get paid on a per test basis by
20 Tri-County?

21 MR. STONE: I'll object and direct him not
22 to answer.

23 MR. MULHOLLAND: Again, we will take

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1 exception to those objections and ask that this
2 be marked for certification to the Court.

3 (Question certified for later discussion.)

4 MR. MULHOLLAND: Subject to all the
5 stipulations and reservations that we have
6 discussed at this and the previous Relators'
7 depositions, I don't have any other questions
8 for Dr. Jacobs at this time.

9 MR. RYCHCIK: If we could take just a
10 five-minute break, that would be helpful.

11 MR. STONE: Sure.

12 (Recess taken at 3:56 p.m., and testimony
13 resumed at 4:03 p.m. this date.)

14 - - -

15 EXAMINATION

16 BY MR. RYCHCIK:

17 Q. Dr. Jacobs, as I believe you heard previously,
18 my name is Carl Rychcik, and I represent Drs. Vaccaro
19 and Salch, as well as V&S Medical Associates in this
20 action, and I will be asking you some questions in
21 follow-up to Mr. Mulholland.

22 You testified earlier that you are in private
23 practice in Bradford; is that correct?

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1 MR. RYCHCIK: Once again, I join in Mr.
2 Mulholland's objections to the instructions not
3 to answer, and I will reserve our right to ask
4 you any subsequent questions that may be ruled
5 upon by Judge Cohill.

6 Without waiving those rights, those are
7 all the questions I have at this time.

8 MR. MULHOLLAND: I have no other questions
9 for Dr. Jacobs, again, subject to the
10 reservations we previously discussed.

11 MR. STONE: Okay. Then thank you, Doctor.
12 We will read, also.

13 MR. MULHOLLAND: Thank you, Doctor.

14 (Whereupon, the deposition was concluded
15 at 4:29 p.m., and signature was not waived.)

16 ---
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IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA
ERIE DIVISION

UNITED STATES OF AMERICA, ex rel.)
DILBAGH SINGH, M.D., PAUL KIRSCH,)
M.D., V. RAO NADELLA, M.D., and)
MARTIN JACOBS, M.D.,)

Relators,)

vs.)

Civil Action
No. 04-186E

BRADFORD REGIONAL MEDICAL CENTER,)
V&S MEDICAL ASSOCIATES, LLC,)
PETER VACCARO, M.D., KAMRAN SALEH,)
M.D., and DOES I through XX,)

Defendants.)

DEPOSITION OF PETER VACCARO, M.D.

THURSDAY, AUGUST 9, 2007

Deposition of PETER VACCARO, M.D., called as a
witness by the Plaintiffs, taken pursuant to Notice of
Deposition and the Federal Rules of Civil Procedure,
by and before Joy A. Hartman, a Court Reporter and
Notary Public in and for the Commonwealth of
Pennsylvania, at the offices of Fox Rothschild, 625
Liberty Avenue, 29th Floor, Pittsburgh, Pennsylvania,
commencing at 2:56 p.m. on the day and date above set
forth.

EXHIBIT

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1 V&S' practice before you acquired the nuclear camera
2 that you disagreed with?

3 MR. RYCHCIK: Objection as to form of the
4 question.

5 A. I feel like I'm here to confirm Dr. Saleh's
6 testimony, and I thought you were going to get my
7 testimony.

8 Q. I am. I am. I am just trying -- I'm first
9 going to ask you if there was anything in his
10 testimony that you disagreed with.

11 A. No. His testimony in describing the practice
12 as it works was very accurate.

13 Q. During that period of time, is it fair to say
14 that the vast majority of your inpatient referrals
15 were made to Bradford Medical Center?

16 MR. RYCHCIK: Objection as to form.

17 A. During what period OF time?

18 Q. During the period of time before you acquired
19 the nuclear camera.

20 MR. RYCHCIK: Objection as to the form of
21 the question. Go ahead. You can answer.

22 A. Could you repeat the question, please?

23 Q. Is it fair to say that during that period of

1 if that is what they wanted, that is where they went.

2 Q. I understand there might have been good reasons
3 to send them there. I am just asking you for just the
4 simple facts. It is true that most of the outpatient
5 referrals were to Bradford as opposed to somewhere
6 else?

7 A. I just wanted to make sure that it is
8 understood that it is not just an automatic thing all
9 the time, that most of the time, it is because of
10 patient choices.

11 Q. My question is not about the reasons. My
12 question is about the simple fact. It is a fact, is
13 it not, that most of the outpatient referrals were to
14 Bradford?

15 A. Yes, they were.

16 Q. Now, after you leased the nuclear camera --
17 well, let me ask you this: In the period when you
18 were deciding whether or not to lease the nuclear
19 camera, do you recall doing any projections about the
20 amount of additional income that you would receive?

21 A. There could have been some discussions.

22 Q. Do you recall any specific discussions?

23 A. No.

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1 time before you got the nuclear camera, that the vast
2 majority of your inpatient referrals were to Bradford
3 regional Medical Center?

4 MR. RYCHCIK: Same objection. Go ahead
5 and answer.

6 A. The inpatient referrals were based on a very
7 sensitive issue of where the patients wanted to go and
8 what was accessible, depending on their problem; and,
9 you know, there could be multiple places they could

10 go, but, you know, most of the time they would pick
11 the most convenient, which would be Bradford Medical
12 Center.

13 Q. So is the answer to my question, then, yes?

14 A. Yes, according to all the potential options
15 that were available.

16 Q. The same question for outpatient referrals. Is
17 it fair to say that most of your outpatient referrals
18 were to Bradford Regional Medical Center?

19 MR. RYCHCIK: Objection as to the form of
20 the question. You can answer.

21 A. Again, Bradford Regional Medical Center was one
22 of the options; and most of the time, the patient
23 wanted to go to Bradford Regional Medical Center, and

1 Q. Do you recall any specific quantification of
2 dollar amounts, estimates?

3 A. Obviously, we knew the number we were doing at
4 the hospital, and that doesn't take much mathematical
5 skills to figure that one out.

6 Q. How did you go about determining the number
7 of -- when you say the number we were doing at the
8 hospital, you are talking about nuclear imaging tests,
9 right?

10 A. Yes.

11 Q. How did you go about determining the number
12 that you were doing at the hospital?

13 A. I mean, it is pretty easy, because we do it at
14 the same time every day, so I mean, if you do one a
15 day, five days a week, or occasionally, two a day,
16 sometimes, it is pretty easy, give or take, a five or
17 ten percent mistake, a margin of error.

18 Q. And you know where you are doing the test,
19 right? I mean, you know whether you are doing them at
20 Bradford or someplace else?

21 A. Well, some tests may not be done at Bradford.
22 I mean, a lot of times we got tests from Hamot Medical
23 Center. There could be tests done there, that could

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1 be sent there.
2 Q. But that was a small percentage of the tests
3 that you were performing, right?
4 A. I don't know what percentage it was.
5 Q. You just said it was easy to figure out much
6 you sent to the hospital?
7 A. That part.
8 Q. So it is not easy to figure out how many you
9 sent anywhere else?
10 A. Not as much.
11 Q. Really? How come?
12 A. Because --
13 Q. What is the difference?
14 A. The difference is then because then you left
15 up -- you left the decision to do the stress test up
16 to the cardiologist in that institution.
17 Q. But how is it easy to know when they are being
18 done in Bradford, but it is not as easy to know when
19 they are being done somewhere else?
20 A. Because I'm actually doing the ones at
21 Bradford.
22 Q. So all the ones you are not doing are being
23 done somewhere else?

1 Saleh, if you are able to make a reasonable
2 estimate, that is one thing. I don't want you
3 to be guessing if you don't know.
4 Q. Now, in terms of non-nuclear tests, other kinds
5 of tests, MRIs and CT scans, and x-rays, a similar
6 question, is it fair to say that the majority of those
7 were done at Bradford?
8 A. Yes.
9 Q. We talked a minute ago about whether you
10 attempted to qualify the value of getting a new
11 camera. Did you come to a dollar figure that you
12 thought you would get for increased revenues or
13 increased profit?
14 A. I don't recall what we actually came up with at
15 that time.
16 Q. Would it have been in the hundreds or thousands
17 of dollars per year for you?
18 A. It could have been.
19 Q. Do you recall whether you looked at any other
20 cameras, other than the GE camera that you ended up
21 leasing?
22 A. I don't recall.
23 Q. After you got the camera, is it fair to say

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1 MR. RYCHCIK: Objection as to the form of
2 the question.
3 A. Yes.
4 Q. What percentage of them were you doing?
5 A. Approximately 80 percent or so, probably.
6 Q. Did Dr. Saleh do any of the tests at Bradford?
7 A. Yes, he did.
8 Q. So you weren't the only one doing it at
9 Bradford, then?
10 A. Correct.
11 Q. I thought you just said that you did -- that
12 all of the ones done at Bradford were done by you?
13 A. No. That is not what I said.
14 Q. You are saying all the ones that you did were
15 done at Bradford?
16 A. I was speaking for myself.
17 Q. Did you do more than Dr. Saleh, or did he do
18 more than you?
19 A. I think I probably did a little bit more than
20 him.
21 MR. RYCHCIK: I do want to caution you. I
22 don't want you to be guessing. It is the same
23 kind of thing as Mr. Simpson instructed Dr.

1 with the exception of nuclear imaging referrals, your
2 other referral patterns stayed the same?
3 A. Yes.
4 Q. And your nuclear imaging referrals changed in
5 that a lot of tests you were doing you were doing
6 in-house that you otherwise would have performed at
7 Bradford, correct?
8 A. Obviously, we weren't going to be performing
9 them in the office anymore, and Bradford would be one
10 of the choices that would be decided upon. There
11 could be several choices.
12 Q. You might have misunderstood my question.
13 MR. RYCHCIK: I was going to say, I think
14 he might have misunderstood the question.
15 Q. I am talking about during the period when you
16 had the new camera, when you leased it.
17 A. Oh, when I had the nuclear camera. I thought
18 you meant after.
19 Q. So with respect to nuclear imaging tests, your
20 referrals to Bradford went down, because a lot of the
21 tests that would have been done there, you were doing
22 in-house?
23 A. Correct.

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1 Q. And correct me if I am wrong, I think Dr. Saleh
2 testified that a small number of the tests that you
3 were doing in your office might have been referred
4 from other sources; but the vast majority of them were
5 your own patients?

6 A. Yes.

7 MR. RYCHCIK: Are you asking him if that
8 is true, or if that is what Dr. Saleh said?

9 MR. SIMPSON: I am asking him if that is
10 true.

11 Q. That is true, correct?

12 A. That is true.

13 Q. And then as we discussed earlier at some point,
14 Bradford came to you with concerns about your nuclear
15 camera, correct?

16 A. Correct.

17 Q. Did you or Dr. Saleh take the lead in the
18 discussions with the hospital on that issue? This is
19 before you obtained -- retained counsel?

20 A. I don't recall.

21 MR. RYCHCIK: Objection as to the form of
22 the question.

23 A. I don't recall.

CONFIDENTIAL - PROTECTED HEALTH INFORMATION

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IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA
ERIE DIVISION

UNITED STATES OF AMERICA, ex rel.)
DILBAGH SINGH, M.D., PAUL KIRSCH,)
M.D., V. RAO NADELLA, M.D., and)
MARTIN JACOBS, M.D.,)

Relators,)

vs.)

Civil Action
No. 04-186E

BRADFORD REGIONAL MEDICAL CENTER,)
V&S MEDICAL ASSOCIATES, LLC,)
PETER VACCARO, M.D., KAMRAN SALEH,)
M.D., and DOES I through XX,)

Defendants.)

DEPOSITION OF KAMRAN SALEH, M.D.

THURSDAY, AUGUST 9, 2007

Deposition of KAMRAN SALEH, M.D., called as a
witness by the Plaintiffs, taken pursuant to Notice of
Deposition and the Federal Rules of Civil Procedure,
by and before Joy A. Hartman, a Court Reporter and
Notary Public in and for the Commonwealth of
Pennsylvania, at the offices of Fox Rothschild, 625
Liberty Avenue, 29th Floor, Pittsburgh, Pennsylvania
commencing at 9:31 a.m. on the day and date above set
forth.

EXHIBIT

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1 A. Yes.

2 Q. What types of referrals would you make?

3 A. Like, if patients needed a cardiac

4 catheterization, we would send the patient for the

5 cardiac catheterization. Some patients need an

6 endocrine evaluation, so we would send them to an

7 endocrinologist or urologist. It was orthopedic

8 surgeons, so all kind of referrals, whatever the

9 patient's need is.

10 Q. Would you also refer patients to the hospital

11 to be admitted as inpatients?

12 A. Yes, we do.

13 Q. Is it fair to say that most of your referrals

14 to a hospital went to Bradford?

15 MR. RYCHCIK: Objection as to the form.

16 A. Well, we refer patients wherever the

17 opportunity was, wherever the need was. If there is

18 somebody who needed to be admitted to the hospital, we

19 admitted them to Bradford Hospital, yes.

20 Q. Did you admit very many inpatients to Olean

21 Hospital --

22 A. No.

23 Q. -- or other hospitals other than Bradford?

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1 A. No.
2 Q. Outpatient referrals, they would -- would
3 outpatient referrals primarily be referrals to have
4 tests performed on somebody?
5 A. Tests, plus evaluation by the doctors.
6 Q. Were a portion of those outpatient referrals
7 referred to Bradford or any other hospital?
8 A. Part of it to Bradford, part of it to Hamot
9 Medical Center, some to Cleveland Clinic, and some to
10 UPMC, depending on the need.
11 Q. What would be your basis for distinguishing
12 which hospital you would refer somebody to for an
13 outpatient test?
14 A. For the testing?
15 Q. Yes.
16 A. That would be for whether the test is available
17 in that facility and what time frame they can get the
18 test done and what kind of reading and the quality of
19 the test performed.
20 Q. Were there certain types of services that could
21 be performed at multiple hospitals?
22 A. Yes.
23 Q. What types of services would those have been?

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1 A. Like blood work, like chest x-ray.
2 Q. And if you had to refer people out for those
3 types of services, would it be your typical practice
4 to refer them over to Bradford?
5 MR. RYCHCIK: Objection as to the form.
6 A. Well, what we look at when we refer the patient
7 for the lab work or for the x-rays is for the
8 convenience of the patient. Most of our population is
9 elderly patients, and they actually -- even to come to
10 the doctor's office, they have to find a ride to come.
11 So to send them farther away is more difficult, so
12 they all usually prefer the closest possible testing
13 place.
14 Q. And that was Bradford, correct?
15 A. And that is Bradford.
16 Q. These other places you mentioned -- Hamot
17 Medical Center?
18 A. Yes.
19 Q. Where is that?
20 A. It is in Erie.
21 Q. How far away is that from Bradford?
22 A. An hour and a half.
23 Q. I cannot remember the name of the other medical

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1 center or facility.
2 A. Olean General Hospital.
3 Q. I know you mentioned Olean, but I thought you
4 mentioned one other one.
5 A. UPMC.
6 Q. UPMC. What is that?
7 A. That is the University of Pittsburgh.
8 Q. How far away is Pittsburgh from Bradford?
9 A. About three and a half hours.
10 Q. During the same period that we have been
11 discussing before you got the camera, would you
12 describe yourself and Dr. Vaccaro as being a large
13 referral source for the hospital, Bradford Hospital?
14 MR. RYCHCIK: Objection as to the form of
15 the question.
16 A. I can't really tell you as to whether it is a
17 large referral source, but one of the referrals as for
18 all the community organization do. So we are a part
19 of them, one part of them.
20 Q. Do you have any knowledge of how you stacked up
21 to other physicians in terms of how much business was
22 referred to Bradford?
23 A. I didn't understand the question.

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1 Q. I am trying to focus on how V&S compared to
2 other physicians in the amount of business that they
3 referred to Bradford. Did you all refer more or less
4 than other physicians in the area?
5 So my question is: During this time period, do
6 you have any information on which to compare your
7 referrals to other physicians' referrals?
8 A. I don't have any information on that.
9 Q. Do you have any belief?
10 A. Well, I mean we are a two-physician practice.
11 Most of the practices are solo practices, so that
12 increases the number of referrals; but Dr. Jamil and
13 Dr. Kirsch have significant referrals to the hospital.
14 Q. Did you ever have an occasion to attempt to
15 quantify the number or dollar value of your referrals
16 to Bradford during this period?
17 A. I don't recall it.
18 Q. Now, I want to talk a little bit about your
19 decision to lease this nuclear camera. First off,
20 describe for me what the camera was.
21 A. It is a GE nuclear camera, and the nuclear
22 camera provides the nuclear testing, and the testing
23 done is like cardiac stress testing, bone scan,

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1 the hospital.

2 At that time, the hospital had only one nuclear
3 camera and the wait time and the scheduling for the
4 nuclear camera was pretty significant, close to two to
5 three weeks. If you needed somebody to have an urgent
6 test, it was difficult to get it in a timely fashion.

7 Q. Are there any other facilities other than
8 Bradford at this time that -- and I say facilities, I
9 mean, in the area that you could be sending patients
10 to that had a nuclear camera?

11 MR. RYCHCIK: Again, you are talking about
12 the 2001 time frame?

13 MR. SIMPSON: Yeah.

14 Q. Right around the time you got the camera. That
15 is the time period I am focusing on. Were there any
16 other facilities other than the hospital that had --

17 A. In town?

18 Q. Within -- I want to focus on the geographic
19 area to which you would send your patients, whatever
20 that would be. Okay?

21 A. (No response.)

22 Q. In other words, were there any other options
23 available for you to send your patients to if they

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1 needed a nuclear camera test?

2 A. Well, there is a nuclear testing availability
3 in Olean General Hospital, but that is, as I mentioned
4 before, 20 miles away, and most of the patients do not
5 like to travel that much to get the test done. So
6 apart from that, there was nothing else available.

7 Q. So pretty much all of your patients that needed
8 a test, you would be sending them to Bradford for that
9 before you got your camera?

10 A. Most of them.

11 Q. You said "most of them." Is that "most" 51
12 percent, or is that "most" 80 percent?

13 A. I can't tell you. I mean, "most" means it is
14 definitely more than 50 percent.

15 Q. Would you characterize the number that you sent
16 to Olean as a small percentage?

17 A. Yes.

18 Q. Now, in addition to patient convenience, did
19 having the nuclear camera on site also allow you to
20 bill for things that you wouldn't bill for before?

21 A. That's true.

22 Q. What kind of billings were you able to do once
23 you got the nuclear camera that you didn't do before?